



Georgia Department of Motor Vehicle Safety  
Motor Vehicle Services  
International Registration Plan (IRP)

Name	IRP Account #
Street Address	IRP License Year
City, State & Zip	

**Record Evaluation**  
**Mileage Detail Source Document**

Your mileage schedule reflects unreasonable actual and/or estimated distance, i.e. actual distances ending in zeros. Please justify estimates as to your proposed method of operation.

Please note on your Schedule B the scope of operation giving us detail miles by jurisdictions and attach source document(s) maintained in support of miles.

Please indicate your source documents by checking the appropriate boxes listed below:

Classification Activity

- |   |  |
|---|--|
| <input type="checkbox"/> Common Carrier           | <input type="checkbox"/> Property Carrier          |
| <input type="checkbox"/> Exempt from Hire Carrier | <input type="checkbox"/> Household Goods Carrier   |
| <input type="checkbox"/> Private Carrier          | <input type="checkbox"/> Rental or Leasing Company |

Source Document(s) Maintained in Support of Miles:

- |   |  |
|---|--|
| <input type="checkbox"/> Driver Trip Reports (I.V.M.R.'s) | <input type="checkbox"/> Receiving Contract        |
| <input type="checkbox"/> Driver Pay Records               | <input type="checkbox"/> Freight Bills or Manifest |
| <input type="checkbox"/> Driver Logs                      | <input type="checkbox"/> Other: _____              |

Item(s) Reflected in Mileage Source Document(s):

- |  |  |
|--|--|
| <input type="checkbox"/> Date of Trip (Beginning & Ending Dates) | <input type="checkbox"/> Miles by Jurisdiction |
| <input type="checkbox"/> Trip Origin & Destination               | <input type="checkbox"/> Vehicle Unit Number   |
| <input type="checkbox"/> Routes of Travel                        | <input type="checkbox"/> Fleet Number          |
| <input type="checkbox"/> Beginning & Ending Odometer Reading     | <input type="checkbox"/> Carrier Name          |
| <input type="checkbox"/> Total Trip Miles                        | <input type="checkbox"/> Driver Name           |

Summaries Maintained in Support of Mileage:

- |   |   |
|---|---|
| <input type="checkbox"/> Monthly Summaries by Vehicle   | <input type="checkbox"/> Monthly Summaries by Fleet   |
| <input type="checkbox"/> Quarterly Summaries by Vehicle | <input type="checkbox"/> Quarterly Summaries by Fleet |
| <input type="checkbox"/> Annual Summaries by Vehicle    | <input type="checkbox"/> Annual Summaries by Fleet    |